

## RECEIVED

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## FEB 1 2008

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION								
	S.	Member of:  Member of:  ☐ Senate							
Mailing address 17 Ross St.	District 146								
City, zip code South Bernich, m	Phone (201) 384-3256								
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER									
List the name and address of each emplo principal type of economic activity of each e	yer from whom you received compensation mployer.	of \$1,000 or more. Specify the							
Name of Employer	Address	Principal Type of Economic Activity of Employer							
State of maine Legislature	2 Statehouse Station	Government (Upslotue)							
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT  (For Legislators who are self-employed.)									
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.									
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)							
Name: Klusson College Address: 200 Mayer May 720	Paralyon	Post Secondary							
Name: LOW Office of Bonnie S. Address: S-Benyck me OSI	Godin estette planning for	in, same							
	7								

	OME DERIVED FROM SEL islators who are self-employed.)	F-EMPLOYMENT	· · · · · · · · · · · · · · · · · · ·
B. List each source of income derived from self-employm is greater, and specify the principal type of economic actidisclosure is prohibited by law, rule, or an established conthe entity or person from whom the income was derived.	vity of the entity or person from	n whom you derived suc	h income. If this form o
Name and Address of	Source	Activity of	oal Type of Economic of Entity or Person Who Source of the Income
Name:			•
Address:		-	
Name:			
Address:			
<ul> <li>a month of the state of the same of the control of the state of the state of the same of the state of the sta</li></ul>	AJOR AREAS OF PRACT tors who are attorneys-at-law only	ALLEY CONTROL OF THE	
List your major areas of practice. If associated with a law		<u> </u>	
Name and Address of Firm		7 . urs 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Major Areas of Practice (firm)
Land Office of Boonie.	S. Bark est	ply, tax,	mar misma ildi <b>2</b> 002
Name: Law Office of Bornie of Address: 17 Ross St., So Bernell	Me 03801 Prob	ata,	Same
	The same of the sa	1 1003.	
Name:	in the second se		
Address:			
List each source of income of \$1,000 or more not listed in	Parts 1 2 or 3 of this form.	and the second s	one check the box
None	7 at 3 1, 2, 01 0 01 th 3 10 m. L	o not include girls. If ne	one, check the box.
Name and Address of	Source	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Kind of Income tments, leases, etc.)
Name:		**************************************	
Address:			
Name:			**************************************
Address:			
PART 5.	REPORTABLE LIABILITIE	S William I	
List the names of creditors for any <u>unsecured</u> loans of \$3 areas of economic activity of each creditor. Do not list loans			eriod, and list the major
None		TO SANCTON - THE SANCTON STATE OF THE SANCTON AND AN AN AN AN AND AN	W 7 V 60 - 11 Miles (19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name and Address of C	Creditor		al Type of Economic divity of Creditor
Name:	•	-	
Address:			
Name:			
Address:	·		
PART	6. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. In none, check the box	clude gifts with an aggregate v	alue of more than \$300	from a single source. If
None	and the second s		
Name of Source of Gift	remarkationer i mente di senti et jugar sen in territoria. Estato jugarile i i i i i i i i i i i i i i i i i i Estato sa temperatura i i i i i i i i i i i i i i i i i i i	Name of Source of G	Fift  - The second of the continue of the cont
1.	3.		
2.	4.	entrementalisma (Salaman Wilsel Kong Wilsel Salaman Ten Color	<u>"</u>

PART 7. REPORTABLE	HONO	RARI/	À A A A A A A A A A A A A A A A A A A A
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None	·		and the second second of the second s
Name of Source of Honoraria			lame of Source of Honoraria
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2. 4.	Military and a second constraints	9460 (1946)	
PART 8. REPRESENTATION BEFO	DRE ST	ATE	AGENCIES
List each executive branch agency before which you represented or assis the box.	ted othe	ers for	compensation of any amount. If none, check
None			
Name of Agency		Total	Name of Agency
1. MRS 3.			
2. 4.		**************************************	
PART 9. BUSIŅESS WITH ST	TATE A	GEN	DIES
List each executive branch agency to which you or a member of your immes \$1,000 during the reporting period. If none, check the box.	diate fa	mily so	old goods or services with a value in excess of
None	Comment of the Commen	TOTAL VIEW DATE OF THE PARTY OF	- 1985
Name of Agency	110/		Name of Agency
1. 3.			
2. 4.		·	
PÄRT 10. INCOME RECEIVED BY MEMBI	ERS O	FIMM	EDIATE FAMILY
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do not "D" for income received by dependents.	1,000 o ot includ	r more de gifts	received by your spouse or dependent child . Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received	Cir appro leti	40.0	Kind of Income
1. Graphic Design	$\bigcirc$ S	D	employment
2.	S	D	
3.	S	D	
4.	S	D	and I decrease an extraction of the second s
SIGNATURE		French (	
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	a fine	of \$10	) per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the Corwillfully filed a false statement, it shall refer its findings of fact to the Attorn	nmissic ney Gei	on con neral.	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on evequestion in committee or in either branch of the Legislature, and shall (1 M.R.S.A. § 1019)	require	d state	ement or has willfully filed a false statement,
Domy I Sugnature		/	// 4/08 Date

///Y/Ob Date

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ADDRESS:		-	Andrews (Transfer of State of	ALLEN AND THE PROPERTY OF THE	**************************************	-	т	Personne de Principal de Princi		-	
				ADDI	TIONAL IN	FORMATION	ON				
Please provide information you	any additional are providing.	information	below (	and on	additional	sheets if	needed).	Indicate the	part or se	ction number	for the
Part/Section Number		Control of the contro					magnitude and an appropriate	mente des especiales estas de la cestada			Commence of the Commence of th
See 15 Self-Statement variation in contrast and contrast	A Parameter Community		erhan hannyamin	\$ to be optionable to the second of the seco		Je - Pathana	<ul> <li>applythistrophythesis or a service</li> </ul>	**	and hard the second and the second a	ACTACO ACTUANTA CON THE CONTRACTOR OF THE CONTRA	Education is
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